

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3888AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2009
NAME OF PROVIDER OR SUPPLIER JOYFUL SENIOR CARE HAVEN 2		STREET ADDRESS, CITY, STATE, ZIP CODE 4353 JODI AVE LAS VEGAS, NV 89120		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments Surveyor: 28276 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on 12/7/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility was licensed for 10 Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 10. Ten resident files were reviewed and five employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of D. The following deficiencies were identified:	Y 000		
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A / Tuberculosis NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.	Y 103		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	Continued From page 1 This Regulation is not met as evidenced by: Surveyor: 28276 Based on record review on 12/7/09, the facility failed to ensure 3 of 5 employees complied with NAC 441A.375 regarding tuberculosis testing (Employee #2, #3 and #4) for the protection of all residents. Findings include: The file for Employee #2 failed to provide documentation of a two step tuberculosis test. The file for Employee #3 failed to provide documentation of a pre-employment physical. The file for Employee #4 failed to provide documentation of a negative chest x-ray. This was a repeat deficiency from the 11/4/08 State Licensure survey. Severity: 2 Scope: 3	Y 103		
Y 301 SS=D	449.218(2) Bedrooms - Window Requirement NAC 449.218 2. Each bedroom in a residential facility must have one or more windows that can be opened from the inside without the use of tools or a door to the outside which is at least 36 inches wide and can be opened from the inside. This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation and interview on 12/7/09, the facility failed to ensure 1 of 5 bedroom windows could be opened from the inside. The window in the room adjacent to the recreation room contained a large solid window that could	Y 301		

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Y 301	Continued From page 2 not be opened to the outside. Resident #9 occupied the room as his designated bedroom. Severity: 2 Scope: 1	Y 301		
Y 306 SS=E	449.218(5)(b) Bedrooms - Closet Space NAC 449.218 5. Each resident must be provided: (b) At least 24 inches of space in a permanent or portable closet for hanging garments. This Regulation is not met as evidenced by: Surveyor: 28276 Based on interview and observation on 12/7/09, the facility failed to provide 24 inches of hanging space for 3 of 10 residents (Resident #1, #5, and #9). Findings include: Interview with Resident #9 revealed he did not have any hanging space and would like hanging space. Resident #1 and #5 occupy Bedroom #3. Bedroom #3 contained one portable closet with 22" of hanging space. Severity: 2 Scope: 1	Y 306		
Y 320 SS=E	449.220(1) Bedroom Doors - Locks NAC 449.220 1. A bedroom door in a residential facility which is equipped with a lock must open with a single motion from the inside unless the lock provides security for the facility and can be operated without a key or any special knowledge.	Y 320		

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Y 320	Continued From page 3 This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation on 12/7/09, the facility failed to ensure a single motion lock was installed on 1 of 4 bedroom doors (Bedroom #4). Severity: 2 Scope: 2	Y 320		
Y 351 SS=F	449.222(2)(a) Bathrooms and Toilet Facilities NAC 449.222 2. Each residential facility that was issued an initial license on or after January 14, 1997 must have: (a) A flush toilet and lavatory for each four residents. This Regulation is not met as evidenced by: Surveyor: 28276 NAC 449.222 2. Each residential facility that was issued an initial license on or after January 14, 1997 must have: (a) A flush toilet and lavatory for each four residents. The regulation is not met as evidenced by: Based on obersevation and interview the facility failed to provide a flush toilet for each four residents. Findings include: The facility had three bathrooms located on the main level of the facility. One bathroom located off the kitchen, one located between Bedroom #3 and Bedroom #4, and one located between	Y 351		

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Y 351	Continued From page 4 Bedroom #4 and the master bedroom. The bathroom between Bedroom #4 and the master bedroom had a door that was locked. Employee #5 stated the toilet area was not used by residents, her daughter used that toilet. Severity: 2 Scope: 3	Y 351		
Y 356 SS=F	449.222(6) Bathrooms and Toilet Facilities NAC 449.222 6. Bathroom doors that are equipped with locks must open with a single motion from the inside without the use of a key. If a key is required to open a lock from outside the bathroom, the key must be readily available at all times. This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation on 12/7/09, the facility failed to ensure 2 of 3 bathroom doors equipped with a lock were single motion locks. The bathroom near the kitchen, and the bathroom inside Bedroom #4 were equipped with two motion locks. Severity: 2 Scope: 3	Y 356		
Y 621 SS=D	449.2702(4)(b) Admission Policy NAC 449.2702 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (b) Requires restraint.	Y 621		

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Y 621	Continued From page 5 This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation on 12/7/09, the facility failed to ensure 2 of 10 residents were not restrained by the use of a full bed rail. One bed in Bedroom #4 was equipped with a full bed rail, and one bed in Bedroom #1 was equipped with a full bed rail. Severity: 2 Scope: 1	Y 621			
Y 859 SS=D	449.274(5) Periodic Physical examination of a resident NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician. This Regulation is not met as evidenced by: Surveyor: 28276 Based on record review on 12/7/09, the facility failed to ensure 1 of 10 residents received an annual physical (Resident #6). Severity: 2 Scope: 1	Y 859			

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Y 990	Continued From page 6	Y 990			
Y 990 SS=F	<p>449.2756(1)(a) Alzheimer's facility pools</p> <p>NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (a) Swimming pools and other bodies of water are fenced or protected by other acceptable means.</p> <p>This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation on 12/7/09, the facility failed to ensure 1 of 2 gates leading into the swimming pool area was locked affecting all residents.</p> <p>Severity: 2 Scope: 3</p>	Y 990			
Y 991 SS=E	<p>449.2756(1)(b) Alzheimer's Fac door alarm</p> <p>NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility.</p> <p>This Regulation is not met as evidenced by: Surveyor: 28276</p>	Y 991			

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Y 991	Continued From page 7 Based on observation on 12/7/09, the facility failed to ensure the facility was equipped with door alarms on all exit doors to the facility. The door leading into the garage was not equipped with an alarm. The door near the kitchen leading into the back yard was equipped with an alarm but it was not operational during the survey. Severity: 2 Scope: 2	Y 991		
Y 994 SS=F	449.2756(1)(e) Alz fac -Dangerous items NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation on 12/7/09, the facility failed to ensure matches, razors, screw drivers, pliers and a hammer were inaccessible to the residents. This was a repeat deficiency from the 11/4/08 State Licensure survey. Severity: 2 Scope: 3	Y 994		
Y 999 SS=F	449.2754(1)(g) Alzheimer's Facility-Toxic substances	Y 999		

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Y 999	<p>Continued From page 8</p> <p>NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility.</p> <p>This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation on 12/7/09, the facility failed to ensure all toxic substances were inaccessible to the residents. In the bathroom next to the kitchen pine sol and rubbing alcohol were observed unlocked in a cabinet. The cabinet had a lock, but was unlocked during the survey. Carpet cleaner was observed in an unlocked cabinet under the sink in a bathroom near Bedroom #2. Bleach, laminate floor cleaner and stain remover were observed unsecured in the garage. The door leading from the facility into the garage was not locked.</p> <p>This was a repeat deficiency from the 11/4/08 State Licensure survey.</p> <p>Severity: 2 Scope: 3</p>	Y 999		

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